

FORM AST-3**Mail this copy of your invoice and payment to:**

Virginia Department of Taxation

P. O. Box 2185

Richmond, VA 23218-2185

VIRGINIA AIRCRAFT SALES AND USE TAX RETURN

Name of Owner(s) <small>(First, M.I., Last or Legal Business Name)</small>	FOR DEPARTMENT OF TAXATION USE
SSN or Federal ID Number	Date Received: _____
Address	Amount Paid: _____
City, State & ZIP Code	Batch Number: _____
	Account Number: _____
	Period: _____
	Verified By: _____

1. Aircraft FAA Registration Number: N _____; Aircraft Serial Number: _____

2. Aircraft description: Make _____; Model _____; Year _____

3. Date Aircraft purchased: _____

4. Name and address of seller:

Name _____

Address _____

5. Sale price of aircraft, including attachments and accessories (No deduction allowable for trade-in. Copy of invoice must be attached.) \$ _____

5a. Less Federal manufacturer's excise tax. (Deductible only if included in amount on line 5 and separately stated on invoice.) \$ _____

5b. Amount of sale price of aircraft subject to tax. (Line 5 less Line 5a.) \$ _____

6. Current market value of aircraft \$ _____
(This item is applicable only if the aircraft is licensed in this State six months or more after its acquisition without this State, in which case the tax will be computed on the current market value, or sales price, whichever is less)

7. Tax - 2% of amount on Line 5b, or Line 6, whichever is applicable \$ _____

8. Less credit allowable for a similar tax paid to another state or the Virginia Retail Sales and Use Tax paid by the owner on component parts for construction of the aircraft. \$ _____
(Attach copies of invoices showing tax billed & paid)

9. Net amount of tax due (Line 7 less Line 8) \$ _____

Tax Code	981
Tax Code	982
Tax Code	983

10. Penalty \$ _____

11. Interest \$ _____

12. Total tax, penalty and interest due \$ _____

INCLUDE YOUR REMITTANCE MADE PAYABLE TO THE DEPARTMENT OF TAXATION

I declare that this return (including any accompanying document) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature _____ Date _____ Telephone Number _____

FOR ASSISTANCE CONTACT: Virginia Department of Taxation, P. O. Box 715, Richmond, VA 23218-0715 or call (804) 786-2450 or visit our web site at www.tax.state.va.us .